

CLAIMANT'S NAME			SSAN OR EMPLOYEE NUMBER *		DEPARTMENT	
Cynthia Tuck			On File		Cal/EPA	
Undersecretary		CB/ID NUMBER	DIVISION OR BUREAU			INDEX NUMBER
			Office of the Secretary			
1001 I Street			1001 I Street			TELEPHONE NUMBER
						916.324.3708
STATE		ZIP CODE	CITY		STATE	ZIP CODE
Sacramento		CA	95814		Sacramento	CA
						95814

[illegible]



(10)	SUBTOTALS	1,653.35
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COLUMN CODE (ACCTG USE ONLY)	
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CLAIM TOTAL	1,653.35
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(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) <u>Represent CA at Environmental Council of States Annual Meeting. Business expenses are</u> <u>\$575 Registration fee; \$15 x 2 for checking bag each way.</u>	(12) NORMAL WORK HOURS
	8:00-5:00
	(13) PRIVATE VEHICLE LICENSE NUMBER
	[REDACTED]
	(14) MILEAGE RATE CLAIMED

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE 	DATE	(16.) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT 	DATE
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(17.) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)		DATE
